### LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period <u>05/01/2009</u> to <u>04/30/2010</u> (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): Perceptive Enterprise	s, Inc. (PEI)					
2. LCP I.D. Number (assigned by DIR): 2003.00209	3. Date of Initial Approval: May 27, 2003					
4. Contact person (include name, title, address, telephone, fax, and e-matter Mr. Joseph Adams, President 844 Colorado Boulevard Suite 204, Los Angeles, CA 90041 Office: (323) 254-5000 Fax: (323) 254-5000 E-mail: JAdams@PerceptiveLCP.com	ail, if available):					
5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If none, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant455 Golden Gate Avenue, 10 <sup>th</sup> Floor, San Francisco, CA 94102. PEI acted as a LCP Third Party Administrator for the following: City of Glendale Department of Water and Power, and Montebello Unified School District. PEI provided LCP Consultant Services for the following district's LCPs: Los Angeles Unified School District, Los Angeles County Office of Education, and California State University.						
What suggestions do you have for the Department of Industrial Relation necessary):  Perceptive Enterprises, Inc. has no suggestions at this time.	ns to better assist you with your program in the coming year	? (attach additional sheets if				
	Adams, President ame and Title	05/25/2010 Date				

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6. LC § 1771.5 enforcement act Awarding Body covered in this		mation request	ed, attaching	as many sheets as n	ecessary, and please compl	ete separate forms for each
Awarding Body: City of Glenda	ale Department of Water	& Power				
A. List projects handled by LCI	P within the past 12 mon	ths.				
Project Nam	ne l	Bid Advertisen	nent Date	Prin	ne Contractor	Contract Amount
Chromium 6 Treatment Facili	ties Ma	ay 23, 2008		AECOM		\$1,800,000.00
				<del></del> -		
				······································		No.
				<u>-</u>		
Total						
B. Summary of all wages and p	enalties assessed and/or	recovered.				
Project Name	Affected Control (who directly emp		Amount Assessed	Amount Recovered	Kegnested trom	Description of Violation
					□ Yes □ No	
					□ Yes □ No	
					□ Yes □ No	
					Г Yes Г No	
					ГYes ГNo	
		POST 100 100 100 100 100 100 100 100 100 10			□ Yes □ No	
Total						The state of the s

Proj	ject Name	Amount	Assessed	Amount Explanation		Evolution				
					<u> </u>					
						···			<del></del>	
otal										<u> </u>
For any amou	nt identified in iten	n B for which	approval of for	rfeiture was rec	quested from	the Labor Comm	issioner, pleas	e provide the fo	llowing:	
Project		Amount	Assessed					Recovered		
Name	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages Total	
otal										
		<u> </u>	<u>}</u>	<u> </u>			<u> </u>	<u></u>	<u>,</u>	<u> </u>
Identify cases	that are or were the	e subject of Lo	C § 1742 proce	edings.						
Pro	ject Name		Contractor	ו	Nature of Vi	olation	ODL Case	<b>#</b>	Current S	tatus
						I				
	any contractor to the	he Labor Com	missioner for d	lebarment per I	LC § 1777.1	?				
Did you refer										
Did you refer	□ Yes	<b>▽</b> No								
Please check one:	-		ntractor(s) and	date(s) of refer	таl:					
Please check one:	□ Yes		ntractor(s) and	date(s) of refer	таl:					
Please check one:  If yes, identif	TYes y affected contract	or(s) or subcor				(DAS)?				
Please check one:  If yes, identif	□ Yes	or(s) or subcor	he Division of			(DAS)?				

### LCP-AR3

ist projects handled by LC	CP within the past 12					
Project Na	me	Bid Advertiser	nent Date	Prir	ne Contractor	Contract Amount
plied Technology Center	ding Addition at Joseph Gascon Elementary Sept		January 6, 2010 (signed contract date) September 10 & 17, 2009		1 Co. Inc.	\$24,167,000.00
lding Addition at Joseph tool					nstruction Co., Inc.	\$6,990,000.00
al						
ımmary of all wages and	penalties assessed an	d/or recovered.				
Project Name	(who directly	Contractor employed the ker)	Amount Assessed		Requested from	Description of Violatio
					Г Yes Г No	
					□ Yes □ No	
					Γ Yes Γ No	
		the system of			Г Yes Г No	
				l l	ı	
					□ Yes □ No	
					☐ Yes ☐ No	

### LCP-AR3

C. For any amour	nt identified in iten	n B for which	approval of fo		uested from	the Labor Commi	ssioner, please	e explain below.			
Project Name Amount Asse			Assessed	Amount Recovered		Explanation					
Total											
D. For any amou	nt identified in iten	n B for which	approval of fo	rfeiture was rec	quested fron	the Labor Comm	issioner, pleas	se provide the fo	llowing:	-	
Project		Amount	Assessed				Amount				
Name	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total	
									*****		
Total											
E. Identify cases	that are or were the	e subject of LO	C 8 1742 proce	eedings							
	ject Name	· · · · · · · · · · · · · · · · · · ·	Contractor		Nature of Vi	alation	ODL Case		Current S	4.4	
Filoj	lect Ivanie		Contractor		valure of vi	Olation	ODL Case	5#	Current 5	tatus	
F. Did you refer a	any contractor to th	ne Labor Comi	missioner for a	debarment per I	.C § 1777.1	?					
Please check one:	☐ Yes	<b>▽</b> No									
	y affected contracte any apprenticeship					(DAS)?					
Please check one:	┌ Yes	<b>▽</b> No	)								
If yes, identify	y affected contracto	or(s) or subcor	ntractor(s) and	date(s) of refer	ral:			***************************************			
-		- <del>-</del>									

#### LCP-AR3

- 7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.
- 8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.
- A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

Perceptive Enterprises,	Inc (PEI)	) intends to operate	throughout the	State of	California.

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

PEI does not share personnel, management, ownership or have a close affiliation with any (1) contractor or subcontractor, (2) surety on a contract, (3) joint labor-management committee, or (4) entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)
Mr. Chad T. Wishchuk
Attorney at Law: Marks, Golia & Finch, LLP

8620 Spectrum Center Blvd., Suite 900 San Diego, CA 92123-1454

(858) 737-3100

ewishchuk@mgfllp.com

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDI	.E)	DAYTIME TELEPHONE NUMBER
Nguyen	Nhubinh	Thu	/	( 323 ) 254-5000
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
844 Colorado Blvd., Ste. 204	Los Angeles	CA_	90041	
1. Office, Agency, or Court	•	4 Sabadul	o Cummor	3.6
Name of Office, Agency, or Court:	<u> </u>	4. Schedul  ► Total numb		У
Perceptive Enterprises, Inc.			nis cover page	e:
Division, Board, District, if applicable	<u> </u>	► Check appli	cable schedul	les or "No reportable
N/A		interests."		os or the reportable
Your Position:		I have discle attached scl		on one or more of the
Labor Compliance Program Third	l Party Administrator	Schedule A-		schedule attached
▶ If filing for multiple positions, list a			Less than 10% Own	
position(s): (Attach a separate s	sheet if necessary.)	Schedule A-	2 🔲 Yes – s	chedule attached
Agency:		Investments (	10% or Greater Owi	nership)
0	,	Schedule B	_	chedule attached
Position:		Real Property		
2 Indiana Communication		Schedule C		chedule attached Ositions (Income Other than Gifts
2. Jurisdiction of Office (C)	neck at least one box)	and Travel Payn		ostrons (meome other than ones
State □ County of		Schedule D		chedule attached
County of		Income – Gift		
City of		Schedule E	Yes − s ∏ S − Travel Paym	chedule attached
Multi-County		income - Gir	_	
Other			-or-	•
3. Type of Statement (Chec	k at least one hov)	No repore     No repore	table interests	on any schedule
Assuming Office/Initial Date		5. Verificati	on	
Annual: The period covered is J through December 31, 2009.	anuary 1, 2009,	I have used a	all reasonable	e diligence in preparing this
-or-		statement. I h	ave reviewed	this statement and to the best on contained herein and in any
O The period covered is/_	/, through	attached sched		=
December 31, 2009.		I certify under	penalty of perj	ury under the laws of the State
Leaving Office Date Left: (Check one)	<i></i>			oing is true and correct.
O The period covered is January date of leaving office.	y 1, 2009, through the	D-1- 0' '	ı	May 25, 2010
-or-		Date Signed .		(month, day, year)
O The period covered is/_	/, through	Signatur.	V/L	
the date of leaving office.		Signature	ile the driginally sign	ned statement with your filing official.)
Candidate Election Year:		L	<del></del>	



### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDI	-E)	DAYTIME TELEPHONE NUMBER	
Chan	Felisia			( 323 ) 254-5000	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS	
844 Colorado Blvd., Ste. 204	Los Angeles	CA_	90041		
1. Office, Agency, or Court		4. Schedu		У	
Name of Office, Agency, or Court:		► Total numb	er of pages his cover page	e: <u> </u>	
Perceptive Enterprises, Inc.					
Division, Board, District, if applicable:  N/A		interests."	cable schedul	les or "No reportable	
Your Position:		I have discle attached sci		on one or more of the	
Labor Compliance Program Third	Party Administrator		_		
▶ If filing for multiple positions, list a		Schedule A- Investments (	·1	chedule attached ership)	
position(s): (Attach a separate s	heet if necessary.)	Schedule A	2 □ Yes - s	chedule attached	
Agency:			10% or Greater Owr		
		Schedule B	☐ Yes – s	chedule attached	
Position:		Real Property	<i>'</i>		
		Schedule C		chedule attached	
2. Jurisdiction of Office (Ch	eck at least one box)	income, Loar and Travel Payn		OSitiONS (Income Other than Gifts	
State		Schedule D		chedule attached	
County of		Income – Gifi	'S		
City of	1	Schedule E	Yes − s ∏ s − Travel Paym	chedule attached	
Multi-County		mcome - om	-		
Other			-or-		
3. Type of Statement (Check	k at least one box)	🔀 Nо герог	table interests	on any schedule	
Assuming Office/Initial Date	-				
1		5. Verificati	on		
Annual: The period covered is Jathrough December 31, 2009.	anuary 1, 2009,			e diligence in preparing this	
-or-				this statement and to the best on contained herein and in any	
O The period covered is/_ December 31, 2009.	/, through		dules is true ar		
Leaving Office Date Left:/	J			ury under the laws of the State bing is true and correct.	
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed .		May 25, 2010	
-or-				(month, day, year)	
O The period covered is/_ the date of leaving office.	/, through	Signature	Feliña (	Char- ned statement with your filing official.)	
Candidate Election Year:		(1	ne me onginally sigi	ieu sialement with your filing official.)	



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

☐ Candidate

Election Year: \_

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER		
Adams	Joseph	C.		( 323 ) 254-5000		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS		
844 Colorado Blvd., Ste. 204	Los Angeles	CA	90041			
1. Office, Agency, or Cour	rt	4. Schedule	Summar	у		
Name of Office, Agency, or Court:		► Total number	r of pages	1		
Perceptive Enterprises, Inc.		including thi	s cover page	e: <del></del>		
Division, Board, District, if applicable	e.	► Check application interests."	able schedul	les or "No reportable		
N/A			sed interests	on one or more of the		
Your Position:		attached sche		off office of shore of the		
Labor Compliance Program Third		Schedule A-1	☐ Yes – s	schedule attached		
► If filing for multiple positions, list position(s): (Attach a separate		Investments (Le				
Agency:	·	Schedule A-2 Investments (10		schedule attached nership)		
Position:		Schedule B Real Property	☐ Yes - s	schedule attached		
2. Jurisdiction of Office (C	Check at least one box)	Schedule C Income, Loans, and Travel Paymer	, & Business P	schedule attached Positions (Income Other than Gilts		
<b>▼</b> State		Schedule D	□ Yes – s	schedule attached		
County of		Income – Gifts				
City of		Schedule E	☐ Yes – s	schedule attached		
☐ Multi-County		Income – Gifts	<ul> <li>Travel Paym</li> </ul>	nents		
☐ Other			-or-	-		
		No reporta	able interests	on any schedule		
3. Type of Statement (Chec	ck at least one box)	,				
Assuming Office/Initial Dat	te:/	5. Verification				
Annual: The period covered is through December 31, 2009.	January 1, 2009,	I have used al	II reasonable	e diligence in preparing this		
-or-				this statement and to the best ion contained herein and in any		
O The period covered is/_ December 31, 2009.	/, through	attached schedu	ules is true ar	nd complete.		
Leaving Office Date Left: (Check one)				ury under the laws of the State bing is true and correct.		
O The period covered is Januar date of leaving office.	ry 1, 2009, through the	Date Signed	1	May 25, 2010 (month, day, year)		
-or-			1 111	(month, day, year)		
O The period covered is/_ the date of leaving office.	/, through	Signature F	e the originally sign	med statement with your filing official.)		

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov